



King County Mental Health Chemical Abuse and Dependency Services Division 2002 Briefing Paper

MENTALLY ILL OFFENDER INITIATIVES

(Seriously Mentally Ill Offenders (SMIO); Mentally Ill-Offender-Community Transition Project (MIO-CTP); Dangerously Mentally Ill Offender (DMIO))

BACKGROUND:

King County participates in three programs targeted for offenders who are being released from a Department of Corrections (DOC) facility to King County. Although each program's purpose varies, prisoners who enroll are not provided with an early release date to encourage their participation.

- The **SMIO** program is a referral process in which prisoners who appear to need ongoing mental health services following release are referred to the community mental health system for aftercare. DOC provides the mental health system with information about a prisoner's mental illness and the treatments received during incarceration. Referrals are made to community based mental health providers.
- **MIO-CTP** is a pilot project devised by the State Legislature to develop a model program to provide mentally ill offenders with intensive wrap-around services following release, and includes a multi-disciplinary team approach to treatment planning and problem solving (e.g., mental health and substance abuse providers, DOC community corrections officers). As a pilot, it is limited to 25 enrollees at a time, has an Oversight Committee monitoring policy and performance, is being evaluated as to effectiveness (reduced recidivism) and cost (outpatient care compared to prison costs), and has defined service elements that must be available to each enrollee.
- **DMIO** is a statewide demonstration project developed by the State Legislature that has a rigorous process for identifying persons incarcerated in a DOC facility who have a mental disorder and meet criteria for "dangerousness" (composite score for risk of re-offending and nature of previous crimes/infractions while incarcerated). Multi-disciplinary teams, similar to MIO-CTP, meet with the prisoner while still incarcerated to develop a community based post-release plan for services and supports. Intensive, comprehensive services are provided post-release with regular and frequent care consultation meetings with the community team. An evaluation is underway to determine the program's effectiveness in reducing recidivism, increasing treatment for released prisoners, improved effectiveness of treatment and services, increased Medicaid enrollment, and savings achieved in DOC bed days.

ISSUES/CHALLENGES:

- **SMIO:** Most prisoners released from DOC facilities do not have current Medicaid benefits, which creates significant service barriers in the mental health system. The quality and timeliness of information provided by DOC varies, which impacts the ability to make appropriate referrals and linkages to service. The program is under review by the Co-occurring Disorder Interagency Advisory Committee, which is focusing on standardizing referral packets, applying for benefits prior to release, and forming community treatment linkages. The mental health system is not funded to provide the referrals and linkages expected for prisoners.
- **MIO-CTP:** The eligibility criteria rule out those who have committed certain (more serious) crimes. As a pilot, there are mandated program elements, and enrollees often object to some of the requirements. Although considerable effort is made, it is difficult to help participants acquire employment or volunteer opportunities due to the lack of stability of their mental illnesses. Community integration following long-term incarceration also presents considerable challenges. MIO-CTP is entering the final year of the pilot. MIO-CTP enrolls persons clearly in need of treatment and monitoring who do not meet DMIO program criteria.

- **DMIO:** The legislature mandated that this program serve all eligible individuals without consideration for the types of crimes committed, so this program is challenged to serve those who have committed level 3 sex offenses, arson, murder, and other violent crimes. Criminal history appears to directly impact access to services and supports, most particularly housing – the more severe the crime, the less access to supports. Although MIO-CTP serves a less complicated criminal profile, it is funded at a higher level and has a mandated 1:10 case manager/client ratio; the DMIO project does not have a similar mandate and the funding can be significantly less, particularly if the participant is not on Medicaid. A working agreement in place requires DOC to assist persons to apply for benefits prior to release, but this does not always occur and many wait months after release for benefits to begin. DMIO is designed to enhance funding beyond what a mental health benefit provides, in recognition of the complexity and difficulty involved in serving this population. However, the funding level is often inadequate to meet the needs of enrollees, particularly the cost of housing. Various ordinances, licenses, covenants, and other exclusionary criteria prohibit placing many former prisoners in the continuum of housing available to other mental health consumers. Too often, DMIO participants are placed in hotels or motels in undesirable areas, placing them at risk for exploitation by predators and exposing them to criminal behaviors.
- The administrative burden associated with implementing these programs is considerable. A significant proportion of released prisoners are no longer supervised by the DOC (due to guidelines in place at the time they were sentenced), so resources available through DOC are often not available. Overall, it appears the combination of DOC supervision (the stick) and provision of community supports (the carrot) creates the best likelihood a former prisoner will successfully adjust to community life.

DATA:

- **SMIO:** In 2001, 58 referrals were received from the DOC. From 1/1/02-6/30/02, 41 referrals were received (annualizes to approximate 82 for calendar year 2002 with no additional reimbursement for services).
- **MIO-CTP:** In 2001, 38 individuals were enrolled throughout the year. From 1/1/02-6/30/02, 33 individuals were enrolled. Annual grant total is \$415,000 and participants are legislatively prohibited from enrollment in a concurrent tier benefit outpatient program. The grant designates \$6,600 annually per client/year for housing.
- **DMIO:** In 2001, 24 individuals were enrolled. From 1/1/02-6/30/02, 30 individuals were enrolled. The project budgets \$10,000 per client/year plus tier benefits (if the client is Medicaid eligible) for up to five years. If non-Medicaid, the project reimburses only \$10,800 per client annually (no tier benefits) for five years.
- As shown above, referral and enrollment numbers are increasing in 2002. To some degree, the increase reflects the improved working relationship between treatment and correction systems. Preliminary outcomes from the MIO-CTP and DMIO projects indicate the goal of reducing recidivism is being met for the participants who engage in the programs.

RECOMMENDATION/LEGISLATIVE ACTION:

Maintain funding for mentally ill offender programs. Each of King County's programs provides a niche for serving persons with a mental illness/disorder who are released from DOC facilities. Without such programs, the likelihood of prisoners being released without follow-up treatment and services is greatly increased, as is the potential risk to public safety. The cost of providing community based services to mentally ill offenders is significant. At least 80% have co-occurring substance abuse/dependency issues, many have significant health issues, many receive sex offender treatment, and it is very difficult to obtain affordable, appropriate housing for offenders with a history of arson, sexual offenses, and violent crimes. However the benefit from such programs merits their continuation, and the Legislature should be encouraged to provide ongoing funding based on the actual cost of providing these comprehensive services.